01/31/2013 10 : 58

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## FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(b) Address (number and street) check if different than previously reported  1201 15th Street, NW  (c) City, State and ZiP Code  Washington  DC 20005  2. Corporate filers only  Is the filer a qualified nonprofit corporation?  Is the filer a qualified nonprofit corporation?  Individual filers only  Name of Employer  Occupation  Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report  48-Hour Report  10 10 10 2012  THROUGH  2012  THROUGH  2012  6. TOTAL CONTRIBUTIONS		ame of Individual, (				
Washington  DC 20005  Corporate filers only Is the filer a qualified nonprofit corporation? Yes No  Individual filers only Name of Employer  Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report  AB-Hour Report  DI 10 11 2012  THROUGH  10 10 2012  THROUGH  11 2012  THROUGH  TOTAL CONTRIBUTIONS  TOTAL INDEPENDENT EXPENDITURES  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, of the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, of the independent expenditures reported herein were not made in Cooperation.  Sandra Yartin DePoy  DATE  Sandra Yartin DePoy  Occupation  C C 200014036  DATE  Sandra Yartin DePoy  Occupation  C C 200014036  DATE  Sandra Yartin DePoy  DATE						
C   Corporate filers only   Is the filer a qualified nonprofit corporation?   Yes   No   C   C   No   No   No   No   No	(c) City, State and ZIP Code				3. FEC Identification Number	
Individual filers only Name of Employer Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report  Ashara Sandra Yartin DePoy  October 15 Quarterly Report  10 April 15 Quarterly Report  24-Hour Report  48-Hour Report  58-12-12-12-12-12-12-12-12-12-12-12-12-12-	Washington			20005		
4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report  3 January 31 Year-End Report  b) Is this Report an amendment? Yes No X  5. COVERING PERIOD: FROM  10 01 2012  THROUGH  12 31 2012  6. TOTAL CONTRIBUTIONS	2. Corporate filers only		Is the filer a qualified nonprofit corporation?	☐ Yes 🔀 N		
(a) April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report  Alanuary 31 Year-End Report  b) Is this Report an amendment? Yes No  5. COVERING PERIOD: FROM  10 01 2012  THROUGH  12 31 2012  6. TOTAL CONTRIBUTIONS	Indiv	idual filers only	Name of Employer		Occupation	
July 15 Quarterly Report  October 15 Quarterly Report  January 31 Year-End Report  b) Is this Report an amendment? Yes No  5. COVERING PERIOD: FROM  10 01 2012  THROUGH  12 31 2012  6. TOTAL CONTRIBUTIONS		4. TYPE OF REF	PORT (check appropriate boxes):			
24-Hour Report  October 15 Quarterly Report  January 31 Year-End Report  48-Hour Report  b) Is this Report an amendment? Yes No S  5. COVERING PERIOD: FROM  10 01 2012  THROUGH  12 31 2012  G. TOTAL CONTRIBUTIONS		(a) April 15	5 Quarterly Report			
b) Is this Report an amendment? Yes No S  5. COVERING PERIOD: FROM  10		_		24-Hour Report		
b) Is this Report an amendment? Yes No S  5. COVERING PERIOD: FROM  10		Octobe	r 15 Quarterly Report			
5. COVERING PERIOD: FROM  10		X Januar	y 31 Year-End Report	48-Hour Report		
7. TOTAL INDEPENDENT EXPENDITURES	5. COVERING PERIOD: FROM  10  10  10  10  10  10  10  10  10  1					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  [Electronically Filed]  Sandra Yartin DePoy  01/31/2013	,	6. TOTAL CONT	RIBUTIONS		0.00	
suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  [Electronically Filed]  Sandra Yartin DePoy  01/31/2013		7. TOTAL INDEF	PENDENT EXPENDITURES		812808.00	
Sandra Yartin DePoy  Sandra Yartin DePoy  01/31/2013	suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported					
Sandra Yartin DePoy 01/31/2013	TYPE OR PRINT NAME OF PERSON COMPLETING FORM			SIGNATURE		
	Sandra Yartin DePoy			Sandra Yartin DePoy	01/31/2013	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.		NOTE: Submission	on of false, erroneous or incomplete information may su	bject the person signing this	_	

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

FEC Schedule 5 (REV. 09/2005) 5PG021